DOCUMENT RESUME

ED 422 444 UD 032 504

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TITLE	Reconciling Contested Discourses: The Cultural Politics of School-Based Health Services.
PUB DATE	1998-04-00
NOTE	10p.; Paper presented at the Annual Meeting of the American Educational Research Association (San Diego, CA, April 13-17, 1998).
PUB TYPE	Reports - Evaluative (142) -- Speeches/Meeting Papers (150)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	*Conflict; *Cultural Background; Decision Making; Diversity (Student); *Educational Policy; Elementary Secondary Education; *Political Influences; Program Implementation; Racial Differences; *School Health Services; Social Class; Values
IDENTIFIERS	*Discourse

ABSTRACT

This paper examines the cultural politics that arise when the decision is made to place health services in schools and suggests ways in which the different discourses that surface regarding program implementation might be reconciled. The policy analyses for the paper were based on a 2-year statewide evaluation of a supplemental school health program. The evaluation drew primarily on information from: (1) 2,572 students in project schools; (2) site visits with over 120 interviews with school and health services personnel, parents, administrators, and school board members; and (3) a review of health activity logs maintained by all health rooms. Two themes characterized the discourses surrounding the implementation of school-linked services. The first is that the issue of situating health services in schools is emblematic of the struggle over which groups have the moral and political authority to define the value structure for American society. The second thematic issue is that these cultural conflicts over values are to an increasing degree race and class based. Both these themes are played out in discourses of dissent. It is suggested that what is needed from professionals involved in the movement to place health and social services in the schools is a willingness to concede moral, religious, and ideological legitimacy to parents and other community members and to construct programs, approaches, and strategies that build on assumptions of ideological diversity. (Contains 20 references.) (SLD)

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Reconciling Contested Discourses: The Cultural Politics of School-Based Health Services

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Paper presented at the annual meeting of the American Educational Research Association, San Diego, CA, April 17, 1998.

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Background Context

Without question children's lives are increasingly at-risk in the United States today. Recent statistics provided by the National Center for Children in Poverty (1997) indicate that nearly half of children under the age of six live in poor or nearly poor families. These data are especially disturbing since researchers have documented that life in near poverty is detrimental to children's development while life in extreme poverty is deleterious to children's future life chances (Duncan, Brooks-Gunn, & Klebanov, 1994). The recent Welfare Reform Act of 1996 is expected to exacerbate this trend because many families will not only be cut off from AFDC monies with no job training to teach them the skills necessary to seek higher paying jobs, but they will also risk losing additional benefits such as Medicaid and food stamps. As one way of coping with children's increased health and social services needs, 17 states have begun locating health care services directly in the place where most American children spend the bulk of their time - the public school (Making the Grade, 1997). Known by various names (full service schools, school based health clinics), these schools offer a variety of services to improve the health and well-being of children, especially in school districts with a high incidence of medically underserved high-risk children, low birth weight babies, high infant mortality and rapidly rising rates of teen pregnancy and school violence (Dryfoos, 1994). The health services provided to students often include a combination of initiatives such as health education, counseling, access to basic medical and social services, extra-curricular activities to prevent juvenile crime, and self-esteem components.

Questions

Despite the pressing need to bring these services within the reach of most children who otherwise would not receive adequate care, this movement has not lacked controversy. In particular, three questions can be raised: (1) given the new politics of decentralization and increasing numbers of children needing help, how do the local actors -- in this case, educators and personnel in the schools, health providers at the local public health units and the community at large -- transform state-level program requirements and resources into meaningful supports for young people?; (2) more particularly, how do they assure that the programs developed respect local community values and remain supportive of local institutions such as schools, public health clinics, and neighborhood organizations?; and, (3) how do teachers and school administrators, nurses and physicians, and local community members find common ground among themselves in their search for bettering children's lives when their own understandings and values differ and their ability to understand others' points of view remain imperfect at best? The purpose of this paper is to examine the cultural politics that arise when the decision is made to place health services in schools, and to suggest ways in which the different discourses that surface regarding program implementation might be reconciled.

Data Sources and Methods

The policy analyses for this paper were based on a two year, statewide evaluation of a supplemental school health program. A total of 49 projects were funded that encompassed 192 schools. The evaluation drew primarily upon information collected from the following sources: (1) a survey of 2572 students in project schools; (2) site visits to 12 counties with over 120 interviews conducted with the following groups: project personnel (e.g., nurses and health technicians, coordinators, social workers, psychologist, etc.), county public health staff, school district personnel (e.g., superintendents, principals, teachers, and school board members), community residents, parents, and students. and focus groups of elementary and secondary students; and, (3) a review of health activity logs maintained by all health rooms. Documents including the authorizing legislation, project application forms, and other agency forms were also reviewed. In addition, three of the original twelve sites were visited three years later to learn what had happened to the program during that time, and to examine the effects of new factors not present in the original study. During these visits, interviews were conducted with key program personnel in each site from both the education and public health arena (See Emihovich & Herrington, 1993, for a complete discussion of the original evaluation findings).

Analyses

We suggest that two themes characterized the discourses surrounding the implementation of school linked services. The first is that the issue of situating health services in schools is emblematic of the struggle over which groups have the moral and political authority to define the values structure for American society. As Hunter argues, cultural conflict is defined by "political and social hostility rooted in different systems of moral authority" (1991, p. 42). He believes that these conflicts, though not clearly articulated, are expressed in two polarizing tendencies: the impulse toward orthodoxy, and the impulse toward progressivism. The first impulse is characterized by the "commitment on the part of adherents to an external, definable, and transcendent authority," while the second is characterized by the "tendency to resymbolize historical faiths according to the prevailing assumptions of contemporary life."

The second thematic issue is that these cultural conflicts are to an increasing degree class and race based, a difficult fact to reconcile with American notions of social equality (Magnet, 1993). One point our research stressed is that there were no hiding places from diversity in terms of race, gender or class issues; it is an acknowledged fact of life in modern American times that we saw replicated in various forms across the sites we visited. One obvious way in which ideological differences were manifested was over the contested use of language - e.g., the use of the word 'clinic' vs. 'health room' in describing where the services took place. In some cases, people always described them as clinics, but in other cases people used the term 'health room' as reflected in the authorizing legislation's original language. We also noted that many of the informants used the metaphor of war to describe how they were engaged in a "battle" to

keep people aware of children's needs that were being met through the provision of school based services.

We saw both these themes played out in terms of what we call the discourses of dissent, following Gee's notion that Discourses are "a socially acceptable association among ways of using language, of thinking, feeling, believing, valuing, and of acting that can be used to identify oneself as a member of a socially meaningful group or social network (1991, p. 143). Gee suggested that Discourses embody several important points, two of which are central to this analysis: (1) Discourses are inherently ideological, and "crucially involve a set of values and viewpoints about the relationships between people and the distribution of social goods", and, (2) because Discourses are closely linked to the distribution of social power and hierarchical structure in society, "control over certain Discourses can lead to the acquisition of social goods (money, power, status) in a society" (1991: 144). In effect, we suggest that with an issue as complex as placing health and social services in schools, there are multiple discourses constantly in play: the discourse of sexuality, the discourse of health, the discourse of politics, the discourse of care, and the discourse of morality.

This paper is adapted from a more comprehensive treatment of these multiple discourses (see Emihovich & Herrington, 1997, for further discussion) and within the time limits for presentation we will focus on just one of the central discourses: the discourse of care. We selected this one because ultimately all societies must grapple with the enduring questions of how best to care for and raise its young, and that failure to accomplish this task well is one of the primary causes of a society's eventual demise. According to one of our informants, the true test of leadership is to find a way to unite "passionate conviction and community consensus around the need to care for children," a test that we (as did many of our informants) believe current politicians in both major parties are failing. The importance of caring for children's needs, especially those living in economically marginalized conditions, cannot be underestimated. James Coleman (1988) argued that children who possess large amounts of what he called "social capital" that was acquired primarily through family and community networks enjoyed greater advantages in school than those children who did not. At the time, his argument was strongly refuted, but recent statistics on the decline in children's and adolescents' well-being over the last 25 years have proven his point. More recently, Maeroff (1998) noted that poor children are doubly disadvantaged; not only do they lack material resources, but they also lack a rich array of cultural experiences and social networks that give them a sense of connection and the endless possibilities realized by more advantaged students. Nowhere is this difference more vividly depicted than in Jonathan Kozol's (1991) book, Savage Inequalities. Even when children may have caring adults in their lives (and we share the concerns of many colleagues, especially those of color, that poor children should not be perceived as living only in communities characterized by high degrees of varying pathologies - many communities have hidden strengths that can be tapped in support of children's well

being), these adults are often overwhelmed by bureaucratic systems they don't fully understand and find it difficult to negotiate the best services and schooling for their children.

One concern that many of our informants touched upon is the failure of public discourse to recognize that the needs of free market capitalism are often inimical to the needs of children and families, and the maintenance of community (Phillips, 1990; Wolff, 1996). The cultural contradictions of capitalism have been noted and feared for decades (Bell, 1968). But the more recent penetration of mass media and advertising into all aspects of daily life has elevated the dangers:

> We're a pluralistic culture struggling to find common beliefs, and unfortunately, our most central belief system is about the importance of money. Many of us reject a values system based on economics - a value system that says more is better, that money equals happiness, and that consumption is the goal of life. But in media and advertising, our children are being educated to believe that products are what matters. This will hurt them and ultimately, it hurts us all (Pipher, 1996, pp. 16-17).

Etzioni (1993) made a similar point:

> In a society that places more value on Armani suits, winter skiing and summer houses than on education, parents are under pressure to earn more, whatever their income...We must recognize now, after two decades of celebrating greed and in the face of a generation of neglected children, the importance of educating one's children (p. 66).

A second concern that was common across all our sites was the widespread distrust of any kind of public involvement in what was perceived as families' private business. This distrust can range from an unwillingness to rebuke a neighbor's child when caught engaging in minor deviant acts that violate community norms (e.g, littering someone's lawn) to a reluctance to confront parents or children engaged in more serious offenses (e.g., child abuse). In the case of counselors and school nurses, they were often confronted with the dilemma of how to provide pregnancy protection for young girls involved in cases of suspected incest. The excessive concern Americans display for individual rights and the protection of various freedoms have created a situation in which a discourse about familial and community obligations centering on the care of children cannot take place without great difficulty, where even the term 'family is highly contested . As Glendon (1991) commented:

> American political discourse permits many things to be said about the competing interests and ideals at stake in these disputes [about the family]. But our individual rights-laden public language makes it surprisingly difficult to take account of the obvious fact

> that the public has a much greater interest in the conditions under which children are being raised than in the ways adults generally choose to arrange their lives (p. 125).

She further noted that a strong connection can be drawn between current conditions of family life and the civic apathy characteristic of many young people today as reflected in voting patterns and participation in civic organizations. She suggested that what is needed is public policies based on a framework of family ecology that takes into account not only how children how affected by decisions made within families, but also how families are connected to larger social and community organizations in a web of interdependence.

A third theme we heard echoed in many comments was that of restoring a sense of civic and corporate responsibility for children's issues. People were conscious of the fact that they lived in a cultural milieu that undercut many of their best efforts to focus attention on prevention and reduction of high risk behaviors. The frustration of one principal was painfully evident as he talked about the lack of corporate responsibility in promoting socially responsible behavior, especially among adolescents. Echoing Hillary Clinton's belief, he told us:

> It takes a whole village to raise a child. Schools are on the firing line and we need to involve the whole community, churches, the Chamber of Commerce. And corporate America has to take responsibility, too. We can't let them evade their responsibility in pushing smoking and wine coolers on our young people. It's so obvious I can't see why they don't see it.

Finkelstein has a heated response to why corporations can't see their responsibility:

> We are heirs to traditions of public distrust, of near-Darwinian beliefs in the moral value of free markets, of commitments to individual liberties. We are also in possession of commitments to justice, egalitarian dreams, and visions of pluralistic possibilities. In my view, we have generated infant and child hating policies, not because we hate children, are ignorant of their needs, or unaware of our duties to them, but because we have elevated economic self-sufficiency over social compassion, material over moral matters, the needs of employers over the needs of children. All of us - conservatives, liberals and moderates alike - shared a distrust of public involvement with families and in the process we are withering away the prospects for our children (1995, p. 12).

Conclusions

We argue that if the conditions of children are to be restored to a level that is consistent with the ideals of a just and democratic society, a critical set of pre-conditions must be met: a reconciliation of diverse discourses that honors compassion and consequences as well as rights and responsibilities; a public policy framework that respects diversity and strengthens community; a rethinking of the strengths and limitations of current institutions and the professionals who serve children; and the establishment of a system of accountability designed to improve children's and families' well-being. What is needed is restoration of a public discourse where people who believe that government and public institutions should ensure equality of services for the public good can articulate their viewpoint without denigrating the beliefs of those who believe strongly in individual responsibility and moral commitment. Such a discourse would merge the language of liberal perspectives on economics and government with that of conservatism with its emphases on moral values, individual responsibility, and public accountability.

Increasingly, advocates at both ends of the political spectrum are realizing that the rigidity of ideological and political stances of the contemporary culture wars impede the very courses of actions they are advocating. And more than anything else concern for children's welfare is emerging as a unifying theme that holds the promise of moving public discourse beyond its current ideological impasse and opening the way for the crafting of a new kind of community of ideas and of people. One critical element is that children have to be conceived of as an integral part of rebuilding democratic communities, ones where people share a common association and promote moral discourse and full participation of citizens in a variety of settings. It is our contention that the revitalization of civic life and the development of mutual responsibility requires the nourishing of the mediating institutions of religion, family and community. The link between responsible individual and civic betterment resides to a large degree in these institutions. As Himmelfarb (1994) points out, revitalization of democratic communities goes hand in hand with a restoration of the concept of the "responsible self." The social paradox is that you help yourself through service and contributions to the larger community.

Finally, the restoration of communities committed to caring for children requires a willingness among all groups to relinquish control over private agendas that conflict with the greater public good. Too often in the translation of public concern for children to public policy enactment, discussion of what is best for children degenerates into a debate over "who controls", not "what works.". For example, even if sexuality education "worked" to reduce pregnancy - the conservative right might still reject it because the real issue is "control." Likewise, even if a religiously-based abstinence program "worked," liberals might reject it because it violates principle of separation of government and religion. Public discourse has to expand beyond currently conflicting notion of individual rights versus community well-being. While unquestionably a cultural

divide exists in this nation, there are common agendas across the liberal and conservative spectrum - things like safe streets, good schools, strong families, and caring communities that are valued by all. Where we can bridge the divide, we should. Where we can not, we must create places for honest, intense and respectful debate. These public exercises in community understanding, in turn, will provide an foundation for community building which honors the sanctity of children and recognizes their centrality in democratic communities.

We suggest that what is needed from professionals who are involved in the movement to place health and social services in schools is a willingness to concede moral, religious, and ideological legitimacy to parents and other community members and to construct programs, approaches, and strategies that build upon an assumption of ideological diversity. There must be a willingness to concede moral authority to private, community-based groups and to support them in or elicit from them programmatic content and strategies. This is not an abdication of professional standards, competence or responsibility but a re-definition of them and a re-thinking of their fundamental sources of authority - legal and moral. Sarason (1995), in his essay on parental involvement in schools, insists upon the radicality of the notion that parents' values must be a factor in determining institutional practice. He formulates a seemingly simple political principle but one whose implications are radical: "(W)hen you are going to be affected, directly or indirectly, by a decision, you should stand in some relationship to the decision making process." This is not, he repeats, a technical shift in responsibility but an absolute re-distribution of power based on a change in the source of legitimacy.

Given the decline in the general standard of living for average Americans, and the lack of a coherent health care insurance policy for families without access to basic medical care, the need for school based health, medical, and social services is greater than ever. We see this paper as contributing to the debate on full service schools by specifying the cultural and socio-political questions that must be resolved if these schools are to receive widespread public support.

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